

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
EASTERN DIVISION**

<b>COLONY INSURANCE COMPANY,</b>	)	
	)	
<b>Plaintiff,</b>	)	<b>CASE NO. 3:06 cv 555-VPM</b>
	)	
<b>v.</b>	)	
	)	
<b>RONSHABUS GRIFFIN and HPC</b>	)	
<b>ENTERTAINMENT GROUP, INC.,</b>	)	
	)	
<b>Defendants.</b>	)	

**RESUBMISSION OF AFFIDAVIT OF RONSHABUS GRIFFIN**

Comes now the Defendant, Ronshabus Griffin, and resubmits his Affidavit which was filed in support of his Motion for Summary Judgment in the above styled case. The purpose of this resubmission is to submit the attached exhibits to the Affidavit, which exhibits were inadvertently omitted when the original Affidavit was filed. The exhibits are attached to the Affidavit, as resubmitted.

/s/John I. Cottle, III  
JOHN I. COTTLE III (COT004)  
Attorney for Defendant Ronshabus Griffin

OF COUNSEL:  
Bowles & Cottle  
Attorneys at Law  
P.O. Box 780397  
2 So. Dubois Avenue  
Tallassee, Alabama 36078  
(334) 283-6548  
Fax: (334) 283-5366  
(Email) [BowlesandCottle@aol.com](mailto:BowlesandCottle@aol.com)

**CERTIFICATE OF SERVICE**

I hereby certify that on April 26, 2007, I electronically filed the forgoing with the Clerk of Court using the CM/EMF system which will send notification of such filing to the following:

Algert S. Agricola, Esq.  
Jason J. Baird, Esq.  
SLATEN & O'CONNOR, P.C.  
Winter Loeb Building  
105 Tallapoosa Street  
Suite 101  
Montgomery, Alabama 36104

Albert C. Bulls III  
Attorney at Law  
P. O. Box 1233  
Tuskegee Institute, Alabama 36087

/s/John I. Cottle III  
Of Counsel

STATE OF ALABAMA     )  
ELMORE COUNTY         )

**AFFIDAVIT OF RONSHABUS GRIFFIN**

I, Ronshabus Griffin, having been duly sworn, do hereby depose and say on oath as follows:

I am a resident of Elmore County, Alabama. On November 6, 2005, I and a few of my friends went to the Soul Inn, which is a club near Tuskegee, Alabama, owned by HPC Entertainment Group, Inc. When we arrived at the Soul Inn, there were security personnel searching people who entered the premises. These security personnel had metal detectors which they were using to conduct searches. I, and the party I was with, were all searched before we were allowed admittance to the premises.

While we were inside the Soul Inn, a firearm was discharged by an unknown person. I did not see the firearm being discharged, nor did I see who discharged the firearm. I did hear the shots. I was hit by one of the shots. Neither I nor any member of my party had been involved in any altercation with the gunman or with anyone else in the club that evening. I have no idea why the gunman fired the weapon.

Immediately after the shooting, I and my friends exited the Soul Inn. I was later taken to Tallassee Community Hospital where I was treated in the emergency room and admitted. I was discharged from the Tallassee Community Hospital on November 11, 2005 and taken directly to Jackson Hospital in Montgomery where I was admitted and remained until November 19, 2005. I incurred medical expenses at Community Hospital of \$30,182.96, and medical expenses at Jackson Hospital of \$32,834.00. Copies of these

medical bills are attached hereto. In addition to these bills, I also incurred other medical expenses from doctors and other medical providers.

I make this Affidavit based upon my own personal knowledge.

  
\_\_\_\_\_  
RONSHABUS GRIFFIN

SWORN TO AND SUBSCRIBED before me this 25<sup>th</sup> day of April, 2007.

  
\_\_\_\_\_  
NOTARY PUBLIC

Susan D. Bice  
Notary Public, Alabama State at Large  
My commission expires March 24, 2010

06/05/06  
09:50 MondayCommunity Hospital  
PATIENT ACCOUNT DETAIL 623236 GRIFFIN RONSHABUSPAGE 1  
HSHARDTCOMMUNITY HOSPITAL  
805 FRIENDSHIP ROAD  
TALLASSEE AL 36078-1225  
PHONE: 334-283-6541 FAX ID#: 630047680

## PATIENT-----

## BILLING INFORMATION-----

1 NUM/NAME-: 623236 GRIFFIN RONSHABUS  
2 SEX-----: M  
3 BIRTH----: 11/10/1980  
4 DOCTOR---: 011300 DURDEN JIM  
5 MARITAL--: S  
6 SOC.SEC.-: 41829492716 CREDIT----: HOSP DRG.: 486  
17 BILL-----: FINAL DRG.:  
18 CYCLE-----: 3  
19 STAY TYPE--: 1 I/P  
20 SERVICE---: S  
21 INSURANCE--: B BLUE CROSS IP

## GUARANTOR-----

## ADMISSION-----

10 NAME-----: GRIFFIN RONSHABUS D  
11 ADDRESS-1: 110 WALLAHATCHEE  
12 ADDRESS-2:  
13 CITY/ST--: TALLASSEE AL  
14 ZIP-----: 36078  
15 PHONE----: 334283391322 DATE-----: 11/06/05  
23 CODE-----: D  
DISCHARGE-----  
25 DATE-----: 11/11/05 5 DAY STAY  
26 CODE-----: J

BENEFITS ASSIGNED

A/R	SERV	TYPE	CHG/REC						
DATE	DATE	TRAN CODE	NUMBER	QTY	DESCRIPTION	CHARGE	CREDIT	MED NECESSARY	CPT
11/06/05		CHG	305	8285023	1.00 HEMOGRAM -III	35.00			85025
11/06/05		CHG	301	8280054	1.00 COMPREHENSIVE METABOLIC PANEL	49.00			80053
11/06/05		CHG	301	8244428	1.00 ALCOHOL (ETOH) BLOOD	50.00			82055
11/06/05		CHG	300	8280101	1.00 RAPID URINE DRUG SCREEN	67.00			80100
11/06/05		CHG	302	8286900	1.00 .ABO	14.00			86900
11/06/05		CHG	302	8255036	1.00 ANTIBODY SCREEN	9.00			86850
11/06/05		CHG	302	8255069	1.00 .CROSSEMATCH	163.00			86920
11/06/05		CHG	302	8255069	1.00 .CROSSEMATCH	163.00			86920
11/06/05		CHG	302	8255069	1.00 .CROSSEMATCH	163.00			86920
11/06/05		CHG	302	8255069	1.00 .CROSSEMATCH	163.00			86920
11/06/05		CHG	324	8172231	1.00 CHEST 1/VIEW	80.00			71010
11/06/05		CHG	320	8170375	1.00 KUB	100.00			74000
12/06/05		CHG	324	8172231	1.00 CHEST 1/VIEW	80.00			71010
11/06/05		CHG	320	8170375	1.00 KUB	100.00			74000
11/06/05		CHG	305	8285023	1.00 HEMOGRAM -III	35.00			85025
11/06/05		CHG	301	8243479	1.00 BASIC METABOLIC PANEL	38.00			80048
11/06/05		CHG	450	8653670	1.00 URINARY BLADDER CATH SIMPLE	57.00			51701
11/06/05		CHG	450	8690784	1.00 IV PUSH/SINGLE OR INITIAL	75.00			90774
11/06/05		CHG	450	8690471	1.00 TEK TOXOID	10.00			90471
11/06/05		CHG	450	8699291	1.00 CRITICAL CARE, 1ST HOUR	560.00			9929125
11/06/05		CHG	301	8377150	1.00 BLOOD GAS ANALYSIS	89.00			82803
11/06/05		CHG	390	8259021	1.00 .RBC UNIT	350.00			F9021
11/06/05		CHG	391	8242286	1.00 .BLOOD/ PRODUCTS ADMIN FEE	86.75			36430
11/06/05		CHG	324	8172231	1.00 CHEST 1/VIEW	80.00			71010
11/06/05		CHG	270	8380461	1.00 AMBU BAG	55.75			
11/06/05		CHG	270	8380446	1.00 HME FILTER	19.00			
11/06/05		CHG	460	8377137	1.00 VENTILATOR INITIAL	134.50			94656
11/06/05		CHG	270	8380271	1.00 VENT CIRCUIT	29.50			
11/06/05		CHG	730	8860058	1.00 EKG	72.50			93005
11/06/05		CHG	301	8282553	1.00 CK-MB	53.00			82553
11/06/05		CHG	301	82446770	1.00 TROPONIN I	46.00			84484
11/06/05		CHG	301	8377150	1.00 BLOOD GAS ANALYSIS	89.00			82803
11/06/05		CHG	250	7924640	1.00 ROCEPTEIN (CEFTRIAXONE): 1 GM VIAL	177.01			J0696

06/05/06  
09:50 MondayCommunity Hospital  
PATIENT ACCOUNT DETAIL 623236 GRIFFIN RONSHABUSPAGE 2  
H5ARDETCOMMUNITY HOSPITAL  
805 FRIENDSHIP ROAD  
TALLASSEE AL 36078-1225  
PHONE: 334-283-6541 TAX ID#: 630047680

BENEFITS ASSIGNED

A/R DATE	SERV DATE	TYPE TRAN	CHG/REC CODE NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT
11/06/05		CHG	258 7931660	1.00 SOD CHLORIDE 0.9%:50 ML	27.50		
11/06/05		CHG	258 8530032	2.00 LACTATED RINGERS: 1000 ML	69.16		J7120
11/06/05		CHG	730 8860058	1.00 EKG	72.50		93005
11/06/05		CHG	250 7927270	3.00 LOPRESSOR (METOPROLOL): 5 MG AMP	57.15		
11/06/05		CHG	480 8171589	1.00 US CARDIAC DOPPLER	322.00		93320
11/06/05		CHG	480 8172561	1.00 US DOPPLER COLOR FLOW MAPPING	600.00		93325
11/06/05		CHG	480 8172562	1.00 US ECHO 2D W/O COLOR FLOW	570.00		93307
11/06/05		CHG	301 8282553	1.00 CK-MB	53.00		82553
11/06/05		CHG	301 82446770	1.00 TROPONIN I	46.00		84484
11/06/05		CHG	301 8377150	1.00 BLOOD GAS ANALYSIS	89.00		82803
11/06/05		CHG	305 8285023	1.00 HEMOGRAM -III	35.00		85025
11/06/05		CHG	301 8282553	1.00 CK-MB	53.00		82553
11/06/05		CHG	301 82446770	1.00 TROPONIN I	46.00		84484
11/06/05		CHG	301 8242067	1.00 POTASSIUM K SERUM	20.00		84132
11/06/05		CHG	270 8375024	17.00 O2	119.00		
11/07/05	11/06/05	CHG	300 8243503	1.00 *VENIPUNCTURE CHARGE	6.00		36415
11/06/05		CHG	200	ICU-ROOM	750.00		
11/07/05		CHG	730 8860058	1.00 EKG	72.50		93005
11/07/05		CHG	301 8280054	1.00 COMPREHENSIVE METABOLIC PANEL	49.00		80053
11/07/05		CHG	301 82446770	1.00 TROPONIN I	46.00		84484
11/07/05		CHG	301 8282553	1.00 CK-MB	53.00		82553
11/07/05		CHG	305 8285023	1.00 HEMOGRAM -III	35.00		85025
11/07/05		CHG	301 8244196	1.00 LIPID PANEL	51.00		80061
11/07/05		CHG	361 8379313	1.00 BLOOD GAS PUNCTURE	100.00		36600
11/07/05		CHG	270 8379255	1.00 BLOOD GAS KIT	10.25		
11/06/05		CHG	250 7929318	1.00 TETANUS/DIP ADULT	21.83		90718
11/06/05		CHG	250 7924640	1.00 ROCEPHIN (CEFTRIAXONE): 1 GM VIAL	177.01		J0696
11/06/05		CHG	250 7938807	1.00 DIPRIVAN VIAL 10 MG/ML 50 ML VIAL	101.25		
11/06/05		CHG	250 7921505	1.00 MORPHINE : 10 MG CJ	15.15		J2270
11/06/05		CHG	250 7938807	1.00 DIPRIVAN VIAL 10 MG/ML 50 ML VIAL	101.25		
11/06/05		CHG	250 7927353	1.00 MORPHINE 1MG/ML PCA	55.44		J2271
11/06/05		CHG	250 7924640	1.00 ROCEPHIN (CEFTRIAXONE): 1 GM VIAL	177.01		J0696
11/06/05		CHG	250 7938807	1.00 DIPRIVAN VIAL 10 MG/ML 50 ML VIAL	101.25		
11/06/05		CHG	250 7927270	1.00 LOPRESSOR (METOPROLOL): 5 MG AMP	19.05		
11/06/05		CHG	250 7938820	1.00 KCL 20 MEQ 100 ML MB	8.75		
11/06/05		CHG	250 7938807	1.00 DIPRIVAN VIAL 10 MG/ML 50 ML VIAL	101.25		
11/06/05		CHG	250 7938820	1.00 KCL 20 MEQ 100 ML MB	8.75		
11/06/05		CHG	250 7932708	1.00 PEPICID (FAMOTIDINE) INJ: 20MG/2ML S	12.81		
11/06/05		CHG	250 7939052	1.00 PREVACID IV (LANSOPRAZOLE): 30 MG V	68.73		
11/06/05		CHG	250 7938820	1.00 KCL 20 MEQ 100 ML MB	8.75		
11/06/05		CHG	250 7938807	1.00 DIPRIVAN VIAL 10 MG/ML 50 ML VIAL	101.25		
11/06/05		CHG	250 7938820	1.00 KCL 20 MEQ 100 ML MB	8.75		
11/06/05		CHG	250 7938807	1.00 DIPRIVAN VIAL 10 MG/ML 50 ML VIAL	101.25		
11/07/05		CHG	301 8377150	1.00 BLOOD GAS ANALYSIS	89.00		82803
11/07/05		CHG	250 7939052	1.00 PREVACID IV (LANSOPRAZOLE): 30 MG V	68.73		
11/07/05		CHG	258 7931660	1.00 SOD CHLORIDE 0.9%:50 ML	27.50		
11/07/05		CHG	250 7932476	8.00 DIPRIVAN VIAL 10 MG/ML 50 ML VIAL	810.00		
11/07/05		CHG	250 7932476	-4.00 DIPRIVAN VIAL 10 MG/ML 50 ML VIAL		405.00	
11/07/05		CHG	324 8172231	1.00 CHEST 1/VIEW	80.00		71010

06/05/06  
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H5ARDETCOMMUNITY HOSPITAL  
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BENEFITS ASSIGNED

A/R DATE	SERV DATE	TYPE TRAN CODE	CHG/REC NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT
11/07/05		CHG 258	8530032	2.00 LACTATED RINGERS: 1000 ML	69.16		J7120
11/07/05		CHG 250	7939052	1.00 PREVACID IV (LANSOPRAZOLE): 30 MG V	68.73		
11/07/05		CHG 258	7931660	1.00 SOD CHLORIDE 0.9%:50 ML	27.50		
11/07/05		CHG 250	7924640	1.00 ROCEPHIN (CEFTRIAXONE): 1 GM VIAL	177.01		J0696
11/07/05		CHG 258	7931660	1.00 SOD CHLORIDE 0.9%:50 ML	27.50		
11/07/05		CHG 250	7927296	4.00 FLAGYL (METRONIDAZOLE): 500 MG PB	118.04		
11/07/05		CHG 258	8530032	-2.00 LACTATED RINGERS: 1000 ML		69.16	J7120
11/07/05		CHG 258	8530032	2.00 LACTATED RINGERS: 1000 ML	69.16		J7120
11/07/05				CRITICAL CARE			
11/07/05	11/06/05	CHG 960	1399291	1.00 CRITICAL CARE 1st HOUR	397.00		99291
11/07/05		CHG 250	7932476	-4.00 DIPRIVAN VIAL 10 MG/ML 50 ML VIAL		405.00	
11/07/05		CHG 250	7921513	1.00 ATIVAN (LORAZEPAM) INJ: 2 MG TUBEX	35.50		J2060
11/07/05		CHG 352	8171837	1.00 CT CHEST W OMNIPAQUE	685.00		71260
11/07/05		CHG 324	8172231	1.00 CHEST 1/VIEW	80.00		71010
11/07/05		CHG 324	8172231	1.00 CHEST 1/VIEW	80.00		71010
11/07/05		CHG 270	8375024	24.00 O2	168.00		
11/08/05	11/07/05	CHG 300	8243503	1.00 *VENIPUNCTURE CHARGE	6.00		36415
11/07/05		CHG 200		ICU-ROOM	750.00		
11/08/05				+EKG W/FARAH			
11/08/05	11/07/05	CHG 985	8860525	1.00 +EKG W/FARAH INTERPRETATION	20.00		93010
11/08/05		CHG 305	8285023	1.00 HEMOGRAM -III	35.00		85025
11/08/05		CHG 301	8243479	1.00 BASIC METABOLIC PANEL	38.00		80048
11/08/05		CHG 301	8282553	1.00 CK-MB	53.00		82553
11/08/05		CHG 301	82446770	1.00 TROPONIN I	46.00		84484
11/08/05		CHG 324	8172231	1.00 CHEST 1/VIEW	80.00		71010
11/07/05		CHG 250	7924640	1.00 ROCEPHIN (CEFTRIAXONE): 1 GM VIAL	177.01		J0696
11/07/05		CHG 250	7927296	1.00 FLAGYL (METRONIDAZOLE): 500 MG PB	29.51		
11/07/05		CHG 250	7927353	1.00 MORPHINE 1MG/ML PCA	55.44		J2271
11/08/05		CHG 270	8380255	1.00 AERO. T-ADAPT.	1.75		
11/08/05		CHG 270	8378226	1.00 DISPOSE TUBING (PROCEDURE)	10.25		
11/08/05		CHG 270	8380271	1.00 VENT CIRCUIT	29.50		
11/08/05	11/06/05	CHG 258	8530057	3.00 SOD CHLORIDE 0.9%: 1000 ML	93.54		J7030
11/08/05	11/06/05	CHG 258	7931660	1.00 SOD CHLORIDE 0.9%:50 ML	27.50		
11/08/05	11/06/05	CHG 250	7921448	7.00 ANECTINE (SUCCINYLCHOLINE): 20 MG/M	41.30		J0330
11/08/05	11/06/05	CHG 250	7932476	.40 DIPRIVAN VIAL 10 MG/ML 50 ML VIAL	40.50		
11/08/05	11/06/05	CHG 250	7921471	2.00 SUBLIMAZE (FENTANYL) 2 ML AMP	30.30		J3010
11/08/05	11/06/05	CHG 250	7921372	2.00 VERSED (MIDAZOLAM): 2 MG/2ML INJ	40.00		J2250
11/08/05	11/06/05	CHG 250	7926801	1.00 LIDOCAINE 2% LOCAL	12.55		J2001
11/08/05	11/06/05	CHG 250	7938345	8.00 ZEMURON (ROCURONIUM): 10 MG/ML 5 ML	87.20		
11/08/05		CHG 250	7927296	-1.00 FLAGYL (METRONIDAZOLE): 500 MG PB		29.51	
11/08/05		CHG 730	8860058	1.00 EKG	72.50		93005
11/08/05		CHG 460	8380247	1.00 UPDRAFT TREATMENT DAILY	25.25		94664
11/08/05		CHG 250	7939052	1.00 PREVACID IV (LANSOPRAZOLE): 30 MG V	68.73		
11/08/05		CHG 258	7931660	1.00 SOD CHLORIDE 0.9%:50 ML	27.50		
11/08/05		CHG 250	7924640	1.00 ROCEPHIN (CEFTRIAXONE): 1 GM VIAL	177.01		J0696
11/08/05		CHG 258	7931660	1.00 SOD CHLORIDE 0.9%:50 ML	27.50		
11/08/05		CHG 250	7927296	3.00 FLAGYL (METRONIDAZOLE): 500 MG PB	88.53		
11/08/05		CHG 258	8530032	2.00 LACTATED RINGERS: 1000 ML	69.16		J7120
11/08/05		CHG 258	8532384	1.00 SOD CHLORIDE 0.9%: 100 ML	27.50		



06/05/06  
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## BENEFITS ASSIGNED

A/R	SERV	TYPE	CHG/REC						
DATE	DATE	TRAN	CODE	NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT	
11/08/05		CHG	250	7930944	2.50 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 1	178.55			
11/08/05		CHG	270	8380339	1.00 SPIROMETER DEVICE	39.75			
11/08/05		CHG	270	8376089	1.00 UPDRAFT NEB	19.75			
11/08/05		CHG	258	8532384	-1.00 SOD CHLORIDE 0.9%: 100 ML		27.50		
11/08/05		CHG	250	7930944	-2.50 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 1		178.55		
11/08/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/08/05		CHG	258	8530032	-1.00 LACTATED RINGERS: 1000 ML		34.50		J7120
11/08/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/08/05		CHG	270	8375024	24.00 O2	168.00			
11/09/05	11/08/05	CHG	300	8243503	1.00 *VENIPUNCTURE CHARGE	6.00			36415
11/08/05		CHG	200		ICU-ROOM	750.00			
11/09/05		CHG	306	8249039	1.00 CULTURE BLOOD	48.00			87040
11/09/05		CHG	306	8249039	1.00 CULTURE BLOOD	48.00			87040
11/09/05		CHG	305	8285023	1.00 HEMOGRAM -III	35.00			85025
11/09/05		CHG	301	8280054	1.00 COMPREHENSIVE METABOLIC PANEL	49.00			80053
11/09/05		CHG	301	8244337	1.00 LIPASE	32.00			83690
11/09/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/09/05		CHG	250	7927270	6.00 LOPRESSOR (METOPROLOL): 5 MG AMP	114.30			
11/09/05		CHG	250	7927270	-3.00 LOPRESSOR (METOPROLOL): 5 MG AMP		57.15		
11/09/05		CHG	258	8532384	1.00 SOD CHLORIDE 0.9%: 100 ML	27.50			
11/09/05		CHG	250	7930944	2.50 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 1	178.55			
11/08/05		CHG	250	7927270	1.00 LOPRESSOR (METOPROLOL): 5 MG AMP	19.05			
11/08/05		CHG	250	7927353	1.00 MORPHINE 1MG/ML PCA	55.44			J2271
11/08/05		CHG	250	7930944	2.00 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 1	142.84			
11/08/05		CHG	250	7932325	2.00 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 5	77.10			
11/08/05		CHG	250	7927270	1.00 LOPRESSOR (METOPROLOL): 5 MG AMP	19.05			
11/08/05		CHG	250	7927353	1.00 MORPHINE 1MG/ML PCA	55.44			J2271
11/08/05		CHG	250	7927270	1.00 LOPRESSOR (METOPROLOL): 5 MG AMP	19.05			
11/09/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/09/05		CHG	250	7939139	1.00 TIMENTIN 3.1 GM VIAL	53.79			
11/09/05		CHG	258	8532384	1.00 SOD CHLORIDE 0.9%: 100 ML	27.50			
11/09/05		CHG	250	7939139	4.00 TIMENTIN 3.1 GM VIAL	215.16			
11/09/05		CHG	258	8532384	4.00 SOD CHLORIDE 0.9%: 100 ML	110.00			
11/09/05		CHG	258	8532384	2.00 SOD CHLORIDE 0.9%: 100 ML	55.00			
11/09/05		CHG	250	7930944	5.00 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 1	357.10			
11/09/05		CHG	250	7939052	1.00 PREVACID IV (LANSOPRAZOLE): 30 MG V	68.73			
11/09/05		CHG	258	7931660	1.00 SOD CHLORIDE 0.9%: 50 ML	27.50			
11/09/05		CHG	250	7927296	3.00 FLAGYL (METRONIDAZOLE): 500 MG PB	88.53			
11/09/05		CHG	258	8530032	2.00 LACTATED RINGERS: 1000 ML	69.16			J7120
11/09/05					DR FARAH IP 3				
11/09/05		CHG	960	6099233	1.00 DR FARAH IP DAILY VISIT LEVEL 3	86.00			99233
11/09/05					DR FARAH IP 3				
11/09/05	11/07/05	CHG	960	6099233	1.00 DR FARAH IP DAILY VISIT LEVEL 3	86.00			99233
11/09/05					DR FARAH IP 2				
11/09/05	11/08/05	CHG	960	6099232	1.00 DR FARAH IP DAILY VISIT LEVEL 2	61.00			99232
11/09/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/09/05					PRO FEE/ANES				
11/09/05	11/06/05	CHG	963	8795032	23.00 PRO FEE/ANES MD MANRIQUE	1,495.00			
11/09/05	11/06/05	CHG	370	8795221	1.00 ANESTHESIA	840.00			



06/05/06  
09:50 MondayCommunity Hospital  
PATIENT ACCOUNT DETAIL 623236 GRIFFIN RONSHABUSPAGE 5  
H5ARDETCOMMUNITY HOSPITAL  
805 FRIENDSHIP ROAD  
TALLASSEE AL 36078-1225  
PHONE: 334-283-6541 TAX ID#: 630047680

BENEFITS ASSIGNED

A/R	SERV	TYPE	CHG/REC						
DATE	DATE	TRAN	CODE	NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT	
11/09/05	11/06/05	CHG	258	8530032	1.00 LACTATED RINGERS: 1000 ML	34.58		J7120	
11/09/05	11/06/05	CHG	258	8530057	2.00 SOD CHLORIDE 0.9%: 1000 ML	62.36		J7030	
11/09/05	11/06/05	CHG	270	8090944	1.00 BAIR HUGGER BLANKET	49.00			
11/09/05	11/06/05	CHG	270	8536666	1.00 CATHLON 16	7.40			
11/09/05	11/06/05	CHG	270	8795007	1.00 DISP BREATHING CIRC	25.00			
11/09/05	11/06/05	CHG	270	8090945	1.00 DISP MASK	12.00			
11/09/05	11/06/05	CHG	270	8534620	1.00 ENDO TUBE 8.5 FR	17.00			
11/09/05	11/06/05	CHG	270	8795262	1.00 ESOPHAGEAL STETOSCOPI	14.25			
11/09/05	11/06/05	CHG	270	8532079	1.00 ORAL AIRWAYS	3.75			
11/09/05	11/06/05	CHG	270	8535973	1.00 SALEM SUMP 18FR	9.25			
11/09/05	11/06/05	CHG	270	8539728	1.00 SUCT YANKAUER INST	8.50			
11/09/05	11/06/05	CHG	270	7932061	1.00 HEPLOCK CATHETER	12.20			
11/09/05	11/06/05	CHG	270	8091514	1.00 ASEPTO SYRINGE, DISP.	6.25			
11/09/05	11/06/05	CHG	270	8091399	1.00 CAUTERY PENCIL, DISP	28.00			
11/09/05	11/06/05	CHG	270	8534490	1.00 DRAIN JACKSON /PRATT	31.00			
11/09/05	11/06/05	CHG	270	8099091	1.00 EXTENDED BLADE ELECTRODE	5.00			
11/09/05	11/06/05	CHG	270	8533260	1.00 HEMOVAC MINI	35.00			
11/09/05	11/06/05	CHG	270	8090698	2.00 DISP LAP SPONGES	44.00			
11/09/05	11/06/05	CHG	270	8530362	2.00 PREP TRAYS	14.00			
11/09/05	11/06/05	CHG	270	8090417	1.00 RAY-TEC SPONGES	5.75			
11/09/05	11/06/05	CHG	270	8091241	1.00 SUCTION TUBING STERILE	17.25			
11/09/05	11/06/05	CHG	270	8539728	1.00 SUCT YANKAUER INST	8.50			
11/09/05	11/06/05	CHG	270	8090664	1.00 LAP PACK DISP.	65.00			
11/09/05	11/06/05	CHG	258	8530057	2.00 SOD CHLORIDE 0.9%: 1000 ML	62.36		J7030	
11/09/05	11/06/05	CHG	360	8090326	1.00 OPERATING ROOM	4,900.00			
11/09/05	11/06/05	CHG	270	8534045	2.00 SUTURE Z880G	33.00			
11/09/05	11/06/05	CHG	270	8534561	1.00 SUTURE 8425H	8.50			
11/09/05	11/06/05	CHG	270	8534850	1.00 SUTURE C017T	30.50			
11/09/05	11/06/05	CHG	270	8534016	1.00 SUTURE K832H	5.00			
11/09/05	11/06/05	CHG	270	8534590	1.00 SUTURE J946H	7.20			
11/09/05	11/06/05	CHG	270	8534058	1.00 SUTURE J417H	8.00			
11/09/05	11/06/05	CHG	270	8090979	1.00 SKIN STAPLES	38.75			
11/09/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/09/05		CHG	270	8375024	24.00 O2	168.00			
11/10/05	11/09/05	CHG	300	8243503	1.00 *VENIPUNCTURE CHARGE	6.00		36415	
11/09/05		CHG	200		ICU-ROOM	750.00			
11/10/05					+EKG W/FARAH				
11/10/05	11/08/05	CHG	985	8860525	1.00 +EKG W/FARAH INTERPRETATION	20.00		93010	
11/10/05		CHG	301	8243479	1.00 BASIC METABOLIC PANEL	38.00		80048	
11/10/05		CHG	305	8285023	1.00 HEMOGRAM -III	35.00		85025	
11/10/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/10/05		CHG	258	8530032	-1.00 LACTATED RINGERS: 1000 ML		34.58	J7120	
11/09/05		CHG	250	7921315	1.00 TYLENOL (ACETAMINOPHEN) SUPP: 650 M	3.00			
11/09/05		CHG	250	7927270	1.00 LOPRESSOR (METOPROLOL): 5 MG AMP	19.05			
11/09/05		CHG	250	7927353	1.00 MORPHINE 1MG/ML PCA	55.44		J2271	
11/09/05		CHG	250	7927270	1.00 LOPRESSOR (METOPROLOL): 5 MG AMP	19.05			
11/09/05		CHG	250	7930944	2.00 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 1	142.84			
11/09/05		CHG	250	7932325	2.00 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 5	77.10			
11/09/05		CHG	250	7932325	1.00 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 5	38.55			

06/05/06  
09:50 MondayCommunity Hospital  
PATIENT ACCOUNT DETAIL 623236 GRIFFIN RONSHABUSPAGE 6  
HSARDETCOMMUNITY HOSPITAL  
805 FRIENDSHIP ROAD  
TALLASSEE AL 36078-1225  
PHONE: 334-283-6541 TAX ID#: 630047580

BENEFITS ASSIGNED

A/R	SERV	TYPE	CHG/REC						
DATE	DATE	TRAN	CODE	NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT	
11/09/05		CHG	250	7927353	1.00 MORPHINE 1MG/ML PCA	55.44		J2271	
11/09/05		CHG	250	7921315	1.00 TYLENOL (ACETAMINOPHEN) SUPP: 650 M	3.00			
11/10/05		CHG	307	8245011	1.00 URINALYSIS WITH MICRO	15.00		81001	
11/10/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/10/05		CHG	324	8170136	1.00 CHEST 2/VIEW	115.00		71020	
11/10/05		CHG	320	8170268	1.00 ABDOMEN FLAT & ERECT	182.00		74022	
11/10/05		CHG	250	7939052	1.00 PREVACID IV (LANSOPRAZOLE): 30 MG V	68.73			
11/10/05		CHG	258	7931660	1.00 SOD CHLORIDE 0.9%:50 ML	27.50			
11/10/05		CHG	250	7927296	3.00 FLAGYL (METRONIDAZOLE): 500 MG PB	88.53			
11/10/05		CHG	258	8530032	2.00 LACTATED RINGERS: 1000 ML	69.16		J7120	
11/10/05		CHG	250	7939139	4.00 TIMENTIN 3.1 GM VIAL	215.16			
11/10/05		CHG	258	8532384	4.00 SOD CHLORIDE 0.9%: 100 ML	110.00			
11/10/05		CHG	258	8532384	3.00 SOD CHLORIDE 0.9%: 100 ML	82.50			
11/10/05		CHG	250	7930944	7.50 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 1	535.65			
11/10/05		CHG	258	8532384	-1.00 SOD CHLORIDE 0.9%: 100 ML		27.50		
11/10/05		CHG	250	7930944	-2.50 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 1		178.55		
11/10/05		CHG	250	7927270	16.00 LOPRESSOR (METOPROLOL): 5 MG AMP	304.80			
11/10/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/10/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/10/05		CHG	270	8375024	24.00 O2	168.00			
11/11/05	11/10/05	CHG	300	8243503	1.00 *VENIPUNCTURE CHARGE	6.00		36415	
11/10/05		CHG	200		ICU-ROOM	750.00			
11/11/05		CHG	301	8243479	1.00 BASIC METABOLIC PANEL	38.00		80048	
11/11/05		CHG	305	8285023	1.00 HEMOGRAM -III	35.00		85025	
11/11/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/10/05		CHG	250	7927353	1.00 MORPHINE 1MG/ML PCA	55.44		J2271	
11/10/05		CHG	250	7927270	1.00 LOPRESSOR (METOPROLOL): 5 MG AMP	19.05			
11/10/05		CHG	250	7927270	1.00 LOPRESSOR (METOPROLOL): 5 MG AMP	19.05			
11/10/05		CHG	250	7927353	1.00 MORPHINE 1MG/ML PCA	55.44		J2271	
11/11/05		CHG	250	7921117	4.00 MOTRIN (IBUPROFEN): 400 MG TAB	7.20			
11/11/05		CHG	250	7921299	7.00 LOPRESSOR (METOPROLOL): 50 MG TAB	12.60			
11/11/05		CHG	250	7932258	1.00 PNEUMOVAX 23 VACCINE	49.63			
11/11/05		CHG	250	7932258	-1.00 PNEUMOVAX 23 VACCINE		49.63		
11/11/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/11/05		CHG	250	7927270	-4.00 LOPRESSOR (METOPROLOL): 5 MG AMP		76.20		
11/11/05					DR FARAH IP 3				
11/11/05	11/10/05	CHG	960	6099233	1.00 DR FARAH IP DAILY VISIT LEVEL 3	86.00		99233	
11/11/05		CHG	324	8171381	1.00 CHEST W LAT DECUB.	170.00		71035	
11/11/05		CHG	250	7931306	4.00 CARDIZEM CD: 240 MG	25.68			
11/11/05		CHG	250	7939052	1.00 PREVACID IV (LANSOPRAZOLE): 30 MG V	68.73			
11/11/05		CHG	258	7931660	1.00 SOD CHLORIDE 0.9%:50 ML	27.50			
11/11/05		CHG	250	7927296	3.00 FLAGYL (METRONIDAZOLE): 500 MG PB	88.53			
11/11/05		CHG	250	7939139	4.00 TIMENTIN 3.1 GM VIAL	215.16			
11/11/05		CHG	258	8532384	4.00 SOD CHLORIDE 0.9%: 100 ML	110.00			
11/11/05		CHG	480	8171589	1.00 US CARDIAC DOPPLER	322.00		93320	
11/11/05		CHG	480	8172561	1.00 US DOPPLER COLOR FLOW MAPPING	600.00		93325	
11/11/05		CHG	480	8172562	1.00 US ECHO 2D W/O COLOR FLOW	570.00		93307	
11/11/05		CHG	250	7927296	-2.00 FLAGYL (METRONIDAZOLE): 500 MG PB		59.02		
11/11/05		CHG	258	8530032	-1.00 LACTATED RINGERS: 1000 ML		34.58	J7120	

06/05/06  
09:50 MondayCommunity Hospital  
PATIENT ACCOUNT DETAIL 623236 GRIFFIN RONSHABUSPAGE 7  
H5ARDETCOMMUNITY HOSPITAL  
805 FRIENDSHIP ROAD  
TALLASSEE AL 36078-1225  
PHONE: 334-283-6541 TAX ID#: 630047680

BENEFITS ASSIGNED

A/R	SERV	TYPE	CHG/REC						
DATE	DATE	TRAN	CODE	NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT	
11/11/05		CHG	258	8530032	-1.00 LACTATED RINGERS: 1000 ML		34.58	J7120	
11/11/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/11/05		CHG	460	8380248	1.00 ***UPDRAFT TREATMENT SUBSEQUENTIAL	25.25			
11/11/05		CHG	402	8172603	1.00 US EXT B SCAN	345.00		76880	
11/11/05		CHG	270	8375024	18.00 O2	126.00			
11/12/05	11/11/05	CHG	300	8243503	1.00 *VENIPUNCTURE CHARGE	6.00		36415	
11/12/05		CHG	250	7929139	-3.00 TIMENTIN 3.1 GM VIAL		161.37		
11/12/05		CHG	258	8532384	-3.00 SOD CHLORIDE 0.9%: 100 ML		82.50		
11/12/05		CHG	250	7927296	-3.00 FLAGYL (METRONIDAZOLE): 500 MG PB		88.53		
11/12/05		CHG	250	7939052	-1.00 PREVACID IV (LANSOPRAZOLE): 30 MG V		68.73		
11/12/05		CHG	258	7931660	-1.00 SOD CHLORIDE 0.9%:50 ML		27.50		
11/11/05		CHG	250	7927270	1.00 LOPRESSOR (METOPROLOL): 5 MG AMP	19.05			
11/11/05		CHG	250	7927296	1.00 FLAGYL (METRONIDAZOLE): 500 MG PB	29.51			
11/11/05		CHG	250	7927353	1.00 MORPHINE 1MG/ML PCA	55.44		J2271	
11/11/05		CHG	250	7921299	1.00 LOPRESSOR (METOPROLOL): 50 MG TAB	1.80			
11/11/05		CHG	250	7930456	2.00 K DUR (POTASSIUM CHL): 20 MEQ TAB	3.60			
11/12/05		CHG	250	7931306	1.00 CARDIZEM CD: 240 MG	6.42			
11/13/05		CHG	250	7927270	-5.00 LOPRESSOR (METOPROLOL): 5 MG AMP		114.30		
11/13/05		CHG	250	7927270	-1.00 LOPRESSOR (METOPROLOL): 5 MG AMP		19.05		
11/13/05		CHG	250	7921117	-3.00 MOTRIN (IBUPROFEN): 400 MG TAB		5.40		
11/13/05		CHG	258	8532384	-1.00 SOD CHLORIDE 0.9%: 100 ML		27.50		
11/13/05		CHG	250	7930944	-2.50 CARDIZEM (DILTIAZEM) 5 MG/ML INJ: 1		178.55		
11/16/05					DR FARAH IP 3				
11/16/05	11/11/05	CHG	960	6099233	1.00 DR FARAH IP DAILY VISIT LEVEL 3	86.00		99233	
12/02/05		PAY	INVD	250318	B BLUE CROSS IP		26,195.96		
12/05/05		PAY	INVD	250573	BP BLUE CROSS PHYSICIAN		14.00		
12/05/05		PAY	INVD	250573	BP BLUE CROSS PHYSICIAN		96.60		
12/05/05		PAY	INVD	250575	BP BLUE CROSS PHYSICIAN		377.00		
03/22/06					+ECHO JOHNSON				
03/22/06	11/06/05	CHG	972	8860467	1.00 +ECHO JOHNSON INTERPRETATION	175.00		9335026	
03/22/06					+ECHO JOHNSON				
03/22/06	11/11/05	CHG	972	8860467	1.00 +ECHO JOHNSON INTERPRETATION	175.00		9335026	
04/12/06		PAY	INVD	258039	BP BLUE CROSS PHYSICIAN		1,495.00		

AR BALANCE.....2,004.40

03/05/06  
09:50 MondayCommunity Hospital  
PATIENT ACCOUNT DETAIL 623236 GRIFFIN RONSHABUSPAGE 8  
HSARDETCOMMUNITY HOSPITAL  
805 FRIENDSHIP ROAD  
TALLASSEE AL 36078-1225  
PHONE: 334-283-6541 TAX ID#: 630047680

## \*\*\*\*\* CHARGE SUMMARY \*\*\*\*\*

REVENUE CODE	DESCRIPTION	AMOUNT	DAYS NECESSARY	DAYS MED- NECESSARY	UNITS
200	ROOM CHG-ICU CARE	3,750.00	5		5.00
361	OR/MINOR	100.00			1.00
360	OPERATING ROOM	4,900.00			1.00
302	LAB/IMMUNOLOGY	675.00			6.00
270	CENTRAL SUPPLIES	1,681.55			171.00
450	EMERGENCY ROOM	702.00			4.00
258	IV SOLUTIONS	1,092.82			37.00
305	LAB/HEMATOLOGY	280.00			8.00
300	LABORATORY	103.00			7.00
301	LAB/CHEMISTRY	1,303.00			25.00
306	LAB/BACTERIOLOGY & MICROBIOLOG	96.00			2.00
391	BLOOD ADMINISTRATION	86.75			1.00
307	LAB/UROLOGY	15.00			1.00
730	CARDIOLOGY-EKG/ECG	290.00			4.00
480	ULTRASOUND-CARDIOLOGY	2,984.00			6.00
390	BLOOD/PAKED RED CELLS	350.00			1.00
402	ULTRASOUND	345.00			1.00
320	RADIOLOGY	382.00			3.00
250	PHARMACY	5,476.59			134.40
324	CHEST X-RAY	845.00			9.00
370	ANESTHESIA	840.00			1.00
460	PULMONARY FUNCTION	513.25			16.00
972	PROF FEE RADIOLOGY - DIAGNOSTI	350.00			2.00
352	CT SCAN/BODY	685.00			1.00
985	PROF FEE EKG	40.00			2.00
960	PROF FEES-E/R DR	397.00			1.00
963	PRO FE/ANES MD	1,495.00			23.00
960	PROFESSIONAL FEES	405.00			5.00
TOTAL CHARGES.....		30,182.96			
TOTAL ADJUSTMENTS.....		0.00			
LESS PAYMENTS.....		28,178.56			
AR BALANCE.....		2,004.40			

Itemized Statement

Page 2  
06/02/2006Jackson Hospital & Clinic, Inc.  
1725 Pine Street  
Montgomery, AL 36106-1117Guarantor:  
GRIFFIN, RONSHABUS  
110 WALLAHATCHEE  
TALLASSEE, AL 36078Patient:  
GRIFFIN, RONSHABUS  
Admit Date: 11/11/05 Discharge Date: 11/19/05  
ACCT #: 10759196  
Attending Physician: MESINA, CHRISTOPHER P.-----  
Charge Detail

Service Date	Charge Code	Qnt.	Description	Amount
11/12/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/12/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/12/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/12/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/12/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/12/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/12/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/12/05	4167007	1	DEXTROSE 5% WATER 50ML	29.00
11/12/05	4167007	1	DEXTROSE 5% WATER 50ML	29.00
11/12/05	4167007	1	DEXTROSE 5% WATER 50ML	29.00
11/12/05	4123007	1	POVIDONE IOD SOLN 120ML	47.00
11/12/05	4580001	1	ABO	30.00
11/12/05	4580002	1	RH	30.00
11/12/05	4580003	1	ANTIBODY SCREEN	25.00
11/12/05	4580004	1	ANTIBODY IDENTIFICATION	195.00
11/12/05	4592101	1	ANTIGEN INFO	50.00
11/12/05	4592102	1	AG/AB INFO (CN UNITS)	50.00
11/12/05	4592102	1	AG/AB INFO (CN UNITS)	50.00
11/12/05	4580008	1	CROSSMATCH RESULT	50.00
11/12/05	4580008	1	CROSSMATCH RESULT	50.00
11/12/05	4360012	1	BASIC METABOLIC PANEL	45.00
11/12/05	4361413	1	LIVER PROFILE	40.00
11/12/05	4390010	1	CECA	35.00
11/12/05	4300613	1	CHEST 1 VIEW	145.00
11/12/05	4300613	1	CHEST 1 VIEW	145.00
11/12/05	4710010	1	ROUTINE EKG	150.00
11/12/05	4710011	1	ROUTINE EKG PROFESSIONAL	30.00
11/12/05	4186114	1	MEDICAL SUPPLY SICU	685.00
11/12/05	4185024	1	STOCKING, SEQ COMP KENDAL	289.00
11/12/05	4180602	1	PLEUR-EVAC CHEST DRAIN	105.00
11/12/05	4180602	1	PLEUR-EVAC CHEST DRAIN	105.00
11/12/05			Service Date Total:	5116.00
11/13/05	3500030	1	CRITICAL CARE	1445.00
11/13/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/13/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/13/05	4124346	1	ENOXAPARIN INJ. 40MG	123.00
11/13/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/13/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/13/05	4128733	1	ZOSYN INJ 3.37GM	110.00

## Itemized Statement

Page 3  
06/02/2006Jackson Hospital & Clinic, Inc.  
1725 Pine Street  
Montgomery, AL 36106-1117Guarantor:  
GRIFFIN, RONSHABUS  
110 WALLAHATCHEE  
TALLASSEE, AL 36078Patient:  
GRIFFIN, RONSHABUS  
Admit Date: 11/11/05 Discharge Date: 11/19/05  
Attending Physician: MESINA, CHRISTOPHER P.

ACCT #: 10759196

## Charge Detail

Service Date	Charge Code	Qnt.	Description	Amount
11/13/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/13/05	4128553	1	DILTIAZEM CD CAP 240MG UD	21.00
11/13/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/13/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/13/05	4120008	1	ACETAMINOPHEN TAB 650MG	3.00
11/13/05	4127253	2	CEFAZOLIN INJ PER 500MG	100.00
11/13/05	4127253	2	CEFAZOLIN INJ PER 500MG	100.00
11/13/05	4127253	2	CEFAZOLIN INJ PER 500MG	100.00
11/13/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/13/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/13/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/13/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/13/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/13/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/13/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/13/05	4167007	1	DEXTROSE 5% WATER 50ML	29.00
11/13/05	4167007	1	DEXTROSE 5% WATER 50ML	29.00
11/13/05	4167007	1	DEXTROSE 5% WATER 50ML	29.00
11/13/05	4360001	1	COMP METABOLIC PANEL	50.00
11/13/05	4390010	1	CBCA	35.00
11/13/05	4390026	1	PROTHROMBINE TIME	30.00
11/13/05	4390554	1	PTT	30.00
11/13/05	4300613	1	CHEST 1 VIEW	145.00
11/13/05	4186114	1	MEDICAL SUPPLY SICU	685.00
11/13/05			Service Date Total:	3611.00
11/14/05	3120002	1	6 TOWER PRIVATE	865.00
11/14/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/14/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/14/05	4124346	1	ENOXAFARIN INJ. 40MG	128.00
11/14/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/14/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/14/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/14/05	4128553	1	DILTIAZEM CD CAP 240MG UD	21.00
11/14/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/14/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/14/05	4132578	1	ENSURE PLUS LIQ 240ML	17.00
11/14/05	4132578	1	ENSURE PLUS LIQ 240ML	17.00
11/14/05	4132578	1	ENSURE PLUS LIQ 240ML	17.00
11/14/05	4127253	2	CEFAZOLIN INJ PER 500MG	100.00



## Itemized Statement

Page 4  
06/02/2006Jackson Hospital & Clinic, Inc.  
1725 Pine Street  
Montgomery, AL 36106-1117Guarantor:  
GRIFFIN, RONSHABUS  
110 WALLAHATCHEE  
TALLASSEE, AL 36078Patient:  
GRIFFIN, RONSHABUS  
Admit Date: 11/11/05 Discharge Date: 11/19/05  
ACCT #: 10759196  
Attending Physician: MESINA, CHRISTOPHER P.

## Charge Detail

Service Date	Charge Code	Qty.	Description	Amount
11/14/05	4124366	1	VANCOMYCIN INJ 1GM	64.00
11/14/05	4124366	1	VANCOMYCIN INJ 1GM	64.00
11/14/05	4124366	1	VANCOMYCIN INJ 1GM	64.00
11/14/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/14/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/14/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/14/05	4167007	1	DEXTROSE 5% WATER 50ML	29.00
11/14/05	4167003	1	DEXTROSE 5% WATER 250ML	33.00
11/14/05	4167003	1	DEXTROSE 5% WATER 250ML	33.00
11/14/05	4167003	1	DEXTROSE 5% WATER 250ML	33.00
11/14/05	4390010	1	CBCA	35.00
11/14/05	4300613	1	CHEST 1 VIEW	145.00
11/14/05	4620058	1	GAIT TRAINING 15 MIN X1	55.00
11/14/05	4620021	1	PT-EVALUATION	81.00
11/14/05	4186110	1	MEDICAL SUPPLY 6 WEST	236.00
11/14/05			Service Date Total:	2501.00
11/15/05	3120002	1	6 TOWER PRIVATE	865.00
11/15/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/15/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/15/05	4124346	1	ENOXAFARIN INJ. 40MG	128.00
11/15/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/15/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/15/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/15/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/15/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/15/05	4128553	1	DILTIAZEM CD CAP 240MG UD	21.00
11/15/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/15/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/15/05	4132578	1	ENSURE PLUS LIQ 240ML	17.00
11/15/05	4124366	1	VANCOMYCIN INJ 1GM	64.00
11/15/05	4124366	1	VANCOMYCIN INJ 1GM	64.00
11/15/05	4124366	1	VANCOMYCIN INJ 1GM	64.00
11/15/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/15/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/15/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/15/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/15/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/15/05	4167003	1	DEXTROSE 5% WATER 250ML	33.00
11/15/05	4167003	1	DEXTROSE 5% WATER 250ML	33.00



## Itemized Statement

Page 5  
06/02/2006Jackson Hospital & Clinic, Inc.  
1725 Pine Street  
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GRIFFIN, RONSHABUS  
110 WALLAHATCHEE  
TALLASSEE, AL 36078Patient:  
GRIFFIN, RONSHABUS ACCT #: 10759196  
Admit Date: 11/11/05 Discharge Date: 11/19/05  
Attending Physician: MESINA, CHRISTOPHER P.

## Charge Detail

Service Date	Charge Code	Qnt.	Description	Amount
11/15/05	4167003	1	DEXTROSE 5% WATER 250ML	33.00
11/15/05	4290536	1	CT-CHEST SINGLE W/CONTRAST	925.00
11/15/05	4290511	1	CT ABDOMEN WITH CONTRAST	975.00
11/15/05	4186110	1	MEDICAL SUPPLY 5 WEST	236.00
11/15/05			Service Date Total:	4202.00
11/16/05	3120002	1	6 TOWER PRIVATE	865.00
11/16/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/16/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/16/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/16/05	4128553	1	DILTIAZEM CD CAP 240MG UD	21.00
11/16/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/16/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/16/05	4124366	1	VANCOMYCIN INJ 1GM	64.00
11/16/05	4124366	1	VANCOMYCIN INJ 1GM	64.00
11/16/05	4127253	2	CEFAZOLIN INJ PER 500MG	100.00
11/16/05	4127149	1	METOCLOPRAMIDE TAB 10MG	7.00
11/16/05	4124354	2	MIDAZOLAM INJ PER 1MG	48.00
11/16/05	4121987	2	FENTANYL INJ 0.1MG/2ML	54.00
11/16/05	4124354	2	MIDAZOLAM INJ PER 1MG	48.00
11/16/05	4127253	2	CEFAZOLIN INJ PER 500MG	100.00
11/16/05	4121400	1	MEPERIDINE INJ 50MG	17.00
11/16/05	4123324	1	ATRACURIUM INJ 10MG	45.00
11/16/05	4121880	3	GLYCOFIRROLATE INJ 0.2MG	51.00
11/16/05	4121819	3	NEOSTIGMINE INJ 1MG/1ML	63.00
11/16/05	4128060	1	PROPOFOL INJ 200MG/20ML	46.00
11/16/05	4120111	6	SUCCINYLCHOLINE INJ 20MG	102.00
11/16/05	4121471	1	MORPHINE INJ 10MG/ML UD	17.00
11/16/05	4121677	2	PERCOCET TAB UD	16.00
11/16/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/16/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/16/05	4167003	1	DEXTROSE 5% WATER 250ML	33.00
11/16/05	4167003	1	DEXTROSE 5% WATER 250ML	33.00
11/16/05	4167007	1	DEXTROSE 5% WATER 50ML	29.00
11/16/05	4167029	1	LACTATED RINGERS IJ 1000M	71.00
11/16/05	4180675	1	CATH THORACIC DEKNATEL	22.00
11/16/05	4154055	1	IV CATHETER 18G X 1-1/4"	19.00
11/16/05	4157062	1	IV SET PRIM FB NV 96"	94.00
11/16/05	4152479	1	EXTENSION SET 30"	12.00
11/16/05	4152477	1	STOPCOC 3 WAY ET20" K52	26.00

Itemized Statement

Page 6  
06/02/2006Jackson Hospital & Clinic, Inc.  
1725 Pine Street  
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GRIFFIN, RONSHABUS  
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TALLASSEE, AL 36078Patient:  
GRIFFIN, RONSHABUS  
Admit Date: 11/11/05 Discharge Date: 11/19/05  
ACCT #: 10759196  
Attending Physician: MESINA, CHRISTOPHER P.

## Charge Detail

Service Date	Charge Code	Qty.	Description	Amount
11/16/05	4180596	1	SUTURE VICRYL II	22.00
11/16/05	4180596	1	SUTURE VICRYL II	22.00
11/16/05	4183272	1	BOVIE PAD	13.00
11/16/05	4183403	2	TROCAR 12MM	544.00
11/16/05	4184259	1	ANTIFOG	36.00
11/16/05	4184403	1	PACK MAJOR CUSTOM	187.00
11/16/05	4185279	1	SUTURE VICRYL I	13.00
11/16/05	4188719	1	SUTURE SILK I	15.00
11/16/05	4188782	1	SPONGE GZE TRIPAQUE 4X4	13.00
11/16/05	4189207	1	CATH, THOR RIGHT ANGLE	76.00
11/16/05	4188795	1	AIRWAY DISP	13.00
11/16/05	4182390	1	CIRCUIT, BREATHING DISP	45.00
11/16/05	4186153	1	FILTER, FILL HME	33.00
11/16/05	4180331	1	STETHESCOPE ESOP CATH 18F	37.00
11/16/05	4189559	1	TUBE ENDOBRO DISP 35 FR L	496.00
11/16/05	4189348	1	SUCTION TUBE YANKAUER	9.00
11/16/05	4393309	1	GLUCOSE(METER)	35.00
11/16/05	4360012	1	BASIC METABOLIC PANEL	45.00
11/16/05	4390010	1	CBCA	35.00
11/16/05	44C0963	1	URINE CULTURE	45.00
11/16/05	43C0613	1	CHEST 1 VIEW	145.00
11/16/05	40C4230	1	OPEN HEART SURGERY 1ST HOUR	1645.00
11/16/05	40C4240	1	OPEN HEART SURGERY ADD 15 MIN	415.00
11/16/05	4221000	1	ANESTHESIA GASES	511.00
11/16/05	4045910	1	RECOVERY POST-OP 1 HOUR	705.00
11/16/05	4045920	4	RECOVERY POST-OP ADD 15M	720.00
11/16/05	4186110	1	MEDICAL SUPPLY 6 WEST	236.00
11/16/05	4180602	1	PLEUR-EVAC CHEST DRAIN	105.00
11/16/05	4182307	1	IRRIGATION NAOL 1000ML	71.00
11/16/05	4185795	2	PROTECTOR HEEL/ELBOW	50.00
11/16/05	4189141	1	SUCTION CANISTER	50.00
11/16/05	4183285	1	MASK, ANESTHESIA	35.00
11/16/05	4183303	1	HEAD REST, DC-NUT, DSP	24.00
11/16/05			Service Date Total:	8837.00
11/17/05	3120002	1	6 TOWER PRIVATE	865.00
11/17/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/17/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/17/05	4124346	1	ENOXAFARIN INJ. 40MG	123.00
11/17/05	4128733	1	ZOSYN INJ 3.37GM	110.00

## Itemized Statement

Page 7  
06/02/2006Jackson Hospital & Clinic, Inc.  
1725 Pine Street  
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ACCT #: 10759196  
Admit Date: 11/11/05 Discharge Date: 11/19/05  
Attending Physician: MESINA, CHRISTOPHER P.

## Charge Detail

Service Date	Charge Code	Qnt.	Description	Amount
11/17/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/17/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/17/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/17/05	4128553	1	DILTIAZEM CD CAP 240MG UD	21.00
11/17/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/17/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/17/05	4132578	1	ENSURE PLUS LIQ 240ML	17.00
11/17/05	4124366	1	VANCOMYCIN INJ 1GM	64.00
11/17/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/17/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/17/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/17/05	4120364	1	MORPHINE INJ 4MG/1ML UD	17.00
11/17/05	4121677	2	PERCOCET TAB UD	16.00
11/17/05	4121677	1	PERCOCET TAB UD	8.00
11/17/05	4121677	1	PERCOCET TAB UD	8.00
11/17/05	4121677	1	PERCOCET TAB UD	8.00
11/17/05	4121677	2	PERCOCET TAB UD	16.00
11/17/05	4121677	1	PERCOCET TAB UD	8.00
11/17/05	4121677	1	PERCOCET TAB UD	8.00
11/17/05	4124366	1	VANCOMYCIN INJ 1GM	64.00
11/17/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/17/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/17/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/17/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/17/05	4167003	1	DEXTROSE 5% WATER 250ML	33.00
11/17/05	4167003	1	DEXTROSE 5% WATER 250ML	33.00
11/17/05	4360012	1	BASIC METABOLIC PANEL	45.00
11/17/05	4390010	1	CBCA	35.00
11/17/05	4186110	1	MEDICAL SUPPLY 6 WEST	236.00
11/17/05			Service Date Total:	2285.00
11/18/05	3120002	1	6 TOWER PRIVATE	865.00
11/18/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/18/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/18/05	4124346	1	ENOXAPARIN INJ. 40MG	128.00
11/18/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/18/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/18/05	4128553	1	DILTIAZEM CD CAP 240MG UD	21.00
11/18/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/18/05	4121299	1	METOPROLOL TAB 50MG UD	6.00

Itemized Statement

Page 8  
06/02/2006Jackson Hospital & Clinic, Inc.  
1725 Pine Street  
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GRIFFIN, RONSHABUS  
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GRIFFIN, RONSHABUS  
Admit Date: 11/11/05 Discharge Date: 11/19/05  
ACCT #: 10759196  
Attending Physician: MESINA, CHRISTOPHER P.

## Charge Detail

Service Date	Charge Code	Qty.	Description	Amount
11/18/05	4120008	1	ACETAMINOPHEN TAB 650MG	0.00
11/18/05	4121677	2	PERCOCET TAB UD	16.00
11/18/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/18/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/18/05	4360012	1	BASIC METABOLIC PANEL	45.00
11/18/05	4390010	1	CBCA	35.00
11/18/05	44C0912	1	BLOOD CULTURE	55.00
11/18/05	44C0912	1	BLOOD CULTURE	55.00
11/18/05	44C0963	1	URINE CULTURE	45.00
11/18/05	4390029	1	URINALYSIS W/O SCOPE	15.00
11/18/05	43C0614	1	CHEST 2 VIEWS	165.00
11/18/05	4186110	1	MEDICAL SUPPLY 6 WEST	236.00
11/18/05			Service Date Total:	2005.00
11/19/05	4125245	1	FAMOTIDINE TAB 20MG UD	16.00
11/19/05	4124346	1	ENOXAPARIN INJ. 40MG	123.00
11/19/05	4128733	1	ZOSYN INJ 3.37GM	110.00
11/19/05	4128553	1	DILTIAZEM CD CAP 240MG UD	21.00
11/19/05	4121299	1	METOPROLOL TAB 50MG UD	6.00
11/19/05	4132578	1	ENSURE PLUS LIQ 240ML	17.00
11/19/05	4167006	1	DEXTROSE 5% WATER 100ML	30.00
11/19/05	4390010	1	CBCA	35.00
11/19/05			Service Date Total:	363.00

## Charge Summary

Code	Description	Amount
110	ROOM-BOARD/PVT	4325.00
201	ICU/SURGICAL	4335.00
250	PHARMACY	7186.00
258	IV SOLUTIONS	1443.00
270	MED-SUR SUPPLIES	69.00
271	NONSTER SUPPLY	4069.00
272	STERILE SUPPLY	1730.00
300	LABORATORY OR (LAB)	565.00
301	LAB/CHEMISTRY	270.00
305	LAB/HEMATOLOGY	305.00
306	LAB/BACT-MICRO	200.00
307	LAB/UROLOGY	15.00
324	DX X-RAY/CHEST	1035.00

Itemized Statement

Page 9  
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1725 Pine Street  
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110 WALLAHATCHEE  
TALLASSEE, AL 36078Patient:  
GRIFFIN, RONSHABUS  
ACCT #: 10759196  
Admit Date: 11/11/05 Discharge Date: 11/19/05  
Attending Physician: MESINA, CHRISTOPHER P.

Charge Summary		
Code	Revenue Description	
352	CT SCAN/BODY	1900.00
360	OR SERVICES	2060.00
370	ANESTHESIA	511.00
421	PHYS THERP/VISIT	55.00
424	PHYS THERP/EVAL	81.00
480	CARDIOLOGY	670.00
710	RECOVERY ROOM	1425.00
730	EKG/ECG	150.00
960	PRO FEE	405.00
985	PRO FEE/EKG	30.00
TOTAL CHARGES		32834.00

Payment and Adjustment Activity		
Posting Date	Transaction Description	
11/21/2005	PAYMENT PATIENT	-500.00
11/30/2005	BLUE CROSS CONTRACTUAL	-405.00
11/30/2005	BLUE CROSS CONTRACTUAL	-30.00
12/08/2005	FMT BLUE CROSS	-11400.00
12/08/2005	BLUE CROSS ADJUSTMENT	-17874.00
02/09/2006	FMT BLUE CROSS	-14180.10
02/09/2006	BLUE CROSS ADJUSTMENT	-17874.00
03/09/2006	FMT BLUE CROSS REVERSE	11400.00
03/09/2006	BLUE CROSS ADJUSTMENT REVERSE	15374.00
03/17/2006	BLUE CROSS CONTRACTUAL	-15374.00
03/17/2006	BLUE CROSS CONTRACTUAL REVERSE	17874.00
04/05/2006	PATIENT REFUND	155.10
TOTAL PAYMENTS AND ADJUSTMENTS:		-32834.00
TOTAL AMOUNT DUE:		0.00